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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	lw	32	1/3
FORMALITY REVIEW	H.S	866	01.10.001
RESPONSE FORMALITY REVIEW	Rm	781	02-8-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
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Claim		Date
Final	Original	9-03-04
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Claim		Date
Final	Original	9-03-04
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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